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2000 RENTER ASSISTANCE CLAIM BOOKLET

Are You Eligible?

File a claim if:

You were **one** of the following on December 31, 1999:

- 62 years of age or older;
- Blind; or
- Disabled; **and**

You meet **all** of the following requirements:

- You paid \$50 or more rent per month in 1999;
- Your total household income for 1999 was \$33,993 or less; and
- You are a United States citizen, a designated alien, or qualified alien when you file your claim.

You may qualify for Renter Assistance even though you are not required to file a state income tax return.

Free Help

Free assistance is available between May 15 and August 31.

If you need help completing the claim form in this booklet, please see page 2 and page 20.

Asistencia Gratis en español:

Asistencia gratis bilingüe en español se describe en la pagina 20 de este folleto.

Members of the Franchise Tax Board

Kathleen Connell, Chair

Dean Andal, Member

B. Timothy Gage, Member

C A L I F O R N I A

Renter Assistance

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Free Assistance

A statewide volunteer assistance program provides free assistance between May 15 and August 31 for completing your claim form. Call the Franchise Tax Board at (800) 338-0505, your local Senior Citizens Information and Referral Service, or your state legislator's office for the Homeowner and Renter Assistance (HRA) volunteer site nearest you. You may also view the Franchise Tax Board Internet website (updated daily) at www.ftb.ca.gov

If you need information to complete your claim form or to find out about your assistance check, call the telephone number listed above. You may also get information and receive assistance at any of the Franchise Tax Board field offices listed below.

Field Office	Address
Bakersfield	1800 30th Street
Burbank	333 N. Glenoaks Boulevard
Fresno	2550 Mariposa Street
Long Beach	4300 Long Beach Boulevard
Los Angeles	300 South Spring Street
Oakland	1515 Clay Street
Sacramento	3321 Power Inn Road
San Bernardino	464 West 4th Street
San Diego	5353 Mission Center Road
San Francisco	455 Golden Gate Avenue
San Jose	96 North Third Street
Santa Ana	600 West Santa Ana Boulevard
Santa Rosa	50 D Street
Stockton	31 East Channel Street
Ventura	4820 McGrath Street
West Covina	100 North Barranca Street

Letters

If you need to write to us, send your letter (but not your claim form) to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0940

Include your social security number and your daytime and evening telephone numbers in your letter. We will acknowledge receipt of your letter within six to eight weeks. In some cases, we may need to call you for additional information.

Forms

If you have Internet access, you may download, view, and print claim forms and publications. Go to our website at: www.ftb.ca.gov

What's New

Total Household Income Limits Increase

The maximum total household income you could have had in 1999 and still be eligible to file for claim year 2000 increased from \$33,132 to \$33,993. For details, see "Who May File a Renter Assistance Claim Form" on this page.

Private Mailbox (PMB) Numbers

If you lease a mailbox from a private business rather than from the United States Postal Service, enter your box number in the field labeled "PMB no."


Preparer Tax Identification Number (PTIN)

This filing season tax professionals will have the option of providing their individual Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) on claims they prepare. The alternative number can be used in lieu of an SSN beginning January 1, 2000. Preparers who want a PTIN must complete and submit federal Form W-7P, Application for Preparer Tax Identification Number, to the IRS.

Commonly Asked Questions

Where Do I Call for Help? (800) 338-0505

Information about the Renter Assistance Program is available 24 hours a day, 7 days a week by calling our Toll-Free Phone Service at (800) 338-0505. Refer to the back cover of this booklet for the list of codes for commonly asked questions. Select Homeowner and Renter Assistance, then General Information, and enter the three-digit code when instructed. Have a pencil and paper ready to take notes.

In addition, you will see a phone symbol  in the margin next to some paragraphs in this instruction booklet. The number below the phone symbol is the code for recorded information on that topic.



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What is Renter Assistance?

Renter assistance is a once-a-year payment to qualified individuals from the State of California based on part of the property taxes that you pay indirectly when you pay your rent. The maximum assistance payment allowed is \$240.

Note: Renter assistance is different from the nonrefundable renter's credit claimed on your state income tax return.



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Who May File a Renter Assistance Claim Form?

You may file a Renter Assistance Claim for 2000 if you met any of the following on December 31, 1999:



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1. 62 years of age or older; or
2. Blind; or
3. Disabled; and meet **all** of the following:
 - Lived in a qualified rented residence in California and paid \$50 or more per month for rent during 1999;
 - Had total household income of \$33,993 or less in 1999;
 - Had gross household income of \$61,806 or less in 1999. Gross household income is total household income (form FTB 9000R, Renter Assistance Claim, line 20) plus all non-cash business expenses such as depreciation, amortization, and depletion; and
 - Are a United States citizen or a designated alien (see page 19) including a qualified alien when you file your claim.

The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the Act) requires that payments for homeowner and renter assistance claims be distributed only to United States citizens and certain designated aliens, including qualified aliens. To apply for these benefits, you must provide a declaration stating your citizenship or alien status. Completing form FTB 9000R, line 1 and line 2 and signing the form when you get to Step H provide the required declaration of your citizenship or alien status.

The Franchise Tax Board may request additional documentation or evidence to substantiate your declared status. The Act authorizes the Franchise Tax Board to compare information with the Federal Immigration and Naturalization Service (INS) to verify the immigration status you declare. Applicable regulations also provide that information concerning aliens who cannot prove their declared alien status, after being provided an opportunity to do so, shall be reported to the INS.

Note: A married couple residing in the same rented residence is considered one renter and may file only one claim. If you live in a rented residence with other qualified renters, each renter may file a separate claim.



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When Should You File Your 2000 Claim?

You should file your claim after May 15, 2000, and on or before August 31, 2000.

What if You Do Not File Your 2000 Claim on or Before August 31, 2000?

You can still file a 2000 claim, but you must file it by June 30, 2001. The statewide volunteer assistance program provides free assistance in completing your form only between May 15 and August 31.



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Can I File an Assistance Claim for Past Years?

You have until June 30, 2000 to file a claim for 1999. All other prior claim years that are filed will be denied unless you were medically incapacitated. If a medical incapacity prevents you from filing your current or past claim, you must file the claim by the earliest of the following dates:

- Within six months after your medical incapacity ends; or
- Within three years of the end of the fiscal year for which you wish to claim the assistance. For example, for claim year 2000, you will need to file by June 30, 2003.

There are no other exceptions that would allow you to file a claim for past years.

When Will Renter Assistance Checks be Mailed?

Most renter assistance checks will be mailed before October 31, 2000, if the required documents are attached to your claim and your claim form is complete. See page 11 for a list of the required documents.



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Please wait 15 weeks from the date you filed your claim before you call us about your assistance check. It may take up to 15 weeks to process your claim. If you call before we have processed your claim, we will not have information about your check.

If your claim form is not complete, you may receive a phone call from the Franchise Tax Board. If we are unable to contact you by phone, a letter requesting the additional information may be sent.

What is a Qualified Rented Residence?

You or your landlord must pay general property tax or amounts in lieu of property tax for a property to be considered a qualified rented residence.

Note: If property taxes or amounts in lieu of property taxes are not paid for your rented residence, you may not file for renter assistance. If there are any questions regarding the tax-exempt status of your property, ask your landlord.

A qualified rented residence also must be:

- Your principal place of residence; and
- Located in California.

Various types of rented residences may qualify for renter assistance. Some of the most common types of residences are:

- Single family dwellings;
- Apartments;
- Hotel rooms;
- Mobile homes;
- Boarding houses;
- Convalescent homes;
- Duplexes;
- Flats; and
- Floating homes.



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If you paid a vehicle-type tax on your mobile home to the Department of Housing and Community Development, you may file either as a homeowner or as a renter, but not both.

Death of Claimant

If the date of death is on or before January 1, 2000:

No person may file a claim on behalf of a person who died on or before January 1, 2000.

If the date of death is on or after January 2, 2000:

Only the surviving spouse of an eligible claimant who died on or after January 2, 2000, and did not file a claim may file a claim on behalf of him or her. However, if you are eligible to file your own claim, you should file your own claim instead of filing on behalf of your deceased spouse.

Assistance attributable to a deceased claimant may not be paid to a person who is not a United States citizen or who is not described in the Eligibility Code Chart for Noncitizens on page 19.

Before You Begin

Make sure you have form FTB 9000R, 2000 Renter Assistance Claim.

Gather **all** of your 1999 income records.

Step-by-Step Instructions

We provide step-by-step instructions to help you complete your form FTB 9000R. Fill in only those lines that apply to your situation. If you need information or forms that are not included in this booklet, see the back cover.

Step-by-Step Instructions for Completing the Claim Form

Form 9000R, 2000 Renter Assistance Claim, is on page 13 of this booklet.

STEP A Name, Address, and Social Security Number

If your booklet does not have a label on the front:

Print in ink or type your full name, address, and social security number (if married, include your spouse's name and social security number) in the spaces provided at the top of form FTB 9000R.

If your booklet has a label on the front:

Peel the label off of the front of your booklet and place it on the name and address area in Step A of form FTB 9000R. Then enter in your social security number (if married, also enter your spouse's social security number) in the spaces provided.

STEP B Filing Status

Line 1 – Citizenship or Alien Status

Are you a United States citizen?

Yes. Check "Yes" on line 1, skip line 2 and go to line 3.

No. Check "No" on line 1 and go to line 2.

Line 2 – Benefit Eligibility for Noncitizens

Use the chart on page 19 to find the benefit eligibility code that matches your alien status. Then enter your alien status code on line 2a, alien registration number on line 2b, and date of entry to the United States on line 2c.

If your alien status is not included in the Eligibility Code Chart for Noncitizens on page 19, you cannot receive homeowner or renter assistance benefits.

Line 3 – Date of Birth

Enter the month, day, and year of your birth on line 1. **Example:** If you were born on May 21, 1928, you would enter 0/5/2/1/1/9/2/8 on line 3.

Line 4a – Check the appropriate box on the form: 62 or Older

If you were 62 or older on December 31, 1999, regardless of blindness or disability, check box A. If you filed a claim form last year as blind or disabled and turned 62 during 1999, you must file as 62 or older by checking box A then go to line 5.



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Proof of Age

If you were at least 62 years old on December 31, 1999, and receive Supplemental Security Income (SSI), you do not need to send a proof of age document with your claim form. Your signature in Step H allows the Franchise Tax Board to verify your age with the Department of Health Services.

If you do not receive SSI, you must send a proof of age document for the first year you file as 62 years old or older. The proof of age document will become a permanent part of your record.

Attach a copy (do not send original documents) of **one** of the following:

- Birth certificate;
- Medi-Cal Benefits Identification Card (BIC);
- Hospital birth record;
- Church baptismal record; **or**
- Social security award letter that states your date of birth.

If you do not have any of the above documents, you should send a **copy** of any document that proves that you were 62 or older on December 31, 1999. Explain the document and how it proves your age.

Do not send your original Medi-Cal Benefits Identification Card as proof of age.

We cannot accept the following documents as proof of age:

- A copy of a California driver's license or identification card; or
- A Medicare card issued after June 30, 1973.

Line 4b – Under 62 and Blind

If you were blind but less than 62 years old on December 31, 1999, check box B then go to line 5.

You are considered blind if you have a statement from a doctor that says you have either:

- Central vision acuity (sharpness of vision) of no more than 20/200 with correction; or
- Tunnel vision, which is a limited visual field of no more than 20 degrees.

Line 4c – Under 62 and Disabled

If you were disabled but less than 62 years old on December 31, 1999, check box C. If you were blind, check box B then go to line 5.

You are considered disabled if you are unable to engage in any substantial gainful activity because of a physical or mental impairment that is expected to last for a continuous period of 12 months or longer. Further, you are considered to be disabled only if the physical or mental impairment is so severe that you are not only unable to do your previous type of work, but also cannot do **any** kind of substantial gainful work considering age, education, and work experience.

Proof of Blindness or Disability

- Proof of blindness or permanent disability is required only the first year you file a renter assistance claim. You will not need to send proof again as long as your condition remains the same.
- Proof of temporary disability is required each year that you file a renter assistance claim.

If you receive SSI, you do not need to send a document with your claim form to prove your blindness or disability. Your signature in Step H allows the Franchise Tax Board to verify your blindness or disability with the Department of Health Services.

Exception: If you received an SSI payment decision but have not received any payments yet, send a copy of the SSI decision.

If you do not receive SSI, you must provide a statement of blindness or disability signed by a registered optometrist or physician on the optometrist's or physician's letterhead. **You must submit the original statement (not a copy).** The statement must include the dates and nature of the blindness or disability. You may also send a **copy** of your Medicare card if you were receiving social security as a blind or disabled person on December 31, 1999. If you do not have a Medicare card, you may send a copy of your social security award letter.

We cannot accept your Medi-Cal Benefits Identification Card as proof of blindness or disability.



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STEP C Rental Information

Line 5 – Enter the number of months during 1999 that you lived in a qualified rented residence in California and paid \$50 or more per month for rent.

Line 6 – Rented Residence Address

Enter the address(es) of the rented residence(s) you lived in during 1999.

Line 7 – Landlord Information

Enter the name, address, and telephone number of your landlord or the person to whom you paid your rent and dates rented during 1999. If you had more than one landlord, enter the name, address, and telephone number of your last landlord and attach a list of your other landlords with all landlord information, including dates rented.

STEP D 1999 Income of You and Your Spouse

You must show your total household income for the entire 1999 calendar year. **If you are married, also include the income your spouse received.**

Line 8 – Social Security/Railroad Retirement

Enter the total **yearly** amount of social security (including the amount deducted for Medicare premiums) and railroad retirement you and your spouse received, regardless of its source or taxability.

Line 9 – Interest/Dividends

Enter the total **yearly** amount of interest and dividends you and your spouse received regardless of source or taxability.

Line 10 – Pensions/Annuities

Enter the total **yearly** amount of pensions and annuities you and your spouse received. Include your disability retirement payments and IRA distributions regardless of source or taxability.

Line 11 – SSI/SSP, AB, and ATD

Enter the total **yearly** amount of:

- SSI/SSP (Supplemental Security Income/State Supplemental Plan);
- AB (Aid to the Blind); and
- ATD (Aid to the Totally Disabled).

Note: These payments are often called “Gold Checks.”

Do not include Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC).

Renter assistance will not be included as income or resources in determining the amount of public assistance payments to which you are entitled. Therefore, payments or assistance you or your spouse receive, such as food stamps, Temporary Assistance for Needy Families, SSI/SSP, or payment for homemaker/chore services will not be reduced as a result of filing this claim.

Line 12 – Rental Income (or Loss)

Enter the amount of net rental income (or loss). You may use federal Schedule E or California Schedule CA. If you did not complete the federal Schedule E or California Schedule CA, provide the income or loss amount from any supporting document. Do not enter your rent payments.

Line 13 – Business Income (or Loss)

Enter the amount of net income (or loss) from your business. You may use federal Schedule C or C-EZ (Form 1040), Profit or Loss From Business, for business income (or loss), or federal Schedule F (Form 1040), Profit or Loss From Farming, for farm income (or loss).

Line 14 – Gain (or Loss) From the Sale of Assets

Enter the amount of income (or loss) from the sale of assets. You may use California Schedule D, Capital Gain or Loss Adjustment, to figure California gain or loss (not the adjustment). The maximum deductible net loss from the sale of capital assets is \$3,000. Examples of capital assets are stocks and bonds.

You may use California Schedule D-1, Sales of Business Property, to figure net ordinary income or loss on the sale of business property.

Line 15 – Other Income (Including Wages)

Enter the total **yearly** amount of other income received by you and your spouse during 1999. Some of the types of income that you must include on line 15 are:

- Wages;
- Alimony received;
- Life insurance proceeds to the extent they exceed the expenses incurred for the last illness and funeral of a deceased spouse or the claimant;
- Veteran's benefits;
- Unemployment insurance benefits;
- Worker's compensation for temporary disability (amounts for permanent disability must be entered on line 11);
- Amounts received from an employer or any government body for loss of wages due to sickness or accident (sick-leave payments);
- Military compensation (including nontaxable military compensation);
- Scholarships and fellowship grants;
- Nontaxable gain from the sale of a residence;
- California lottery winnings in excess of \$600 in 1999; 100% of other lottery winnings;
- Gifts and inheritances (including noncash items) in excess of \$300, except between members of the household;
- Amounts received from an estate or trust that were not included on any other line;
- Amounts contributed by or on behalf of the claimant to a tax sheltered retirement plan or deferred compensation plan;
- The amount of alternative minimum taxable income in excess of your regular taxable income, if you were required to pay alternative minimum tax on your 1999 California income tax return; and
- Public assistance and relief, other than as excluded below.

Types of income that you must **not** include on line 15 are:

- Temporary Assistance for Needy Families;
- Foster care payments;
- Federal heating rebates;
- Utility company refunds or assistance;
- Medicare or Medi-Cal reimbursements for medical expenses; and
- Homeowner or renter assistance payments.

Line 16 – Subtotal

Add line 8 through line 15.

STEP E Income of Other Household Members

Line 17 – Income of Other Household Members

Enter the total amount of income received by any person who lived with you in your home during 1999 who is not your spouse, a minor, a student, a renter, or the owner of the rented residence. Only enter income they received while living in your home during 1999. Include all types of income received as listed in the instructions for line 8 through line 15.

STEP F Total Household Income

Line 18 – Subtotal

Add line 16 and line 17.

Line 19 – Adjustments to Income

You may deduct the following from your income:

- **Individual Retirement Arrangement Deduction** – Deduct your deductible contribution to an Individual Retirement Account (IRA), Keogh (HR 10), Simplified Employee Plan (SEP), or Savings Incentive Match Plans for Employees (SIMPLE).
- **Student Loan Interest Deduction** – Deduct the amount allowed for California personal income tax.
- **Medical Savings Account (MSA) Deduction** – Deduct the amount you contributed to an MSA.
- **Moving Expenses** – Deduct allowable moving expenses that were not reimbursed by your employer.
- **Self-employment tax deduction** – Deduct one-half of your self-employment tax imposed for the taxable year.
- **Self-employed health insurance deduction** – Deduct the amount allowed for California personal income tax.
- **Forfeited interest penalty on early withdrawal of savings** – Deduct the penalty charged for premature withdrawal from a savings account.
- **Alimony paid** – Deduct court-ordered alimony payments.

You may **not** subtract these items from your household income:

- | | |
|---|---|
| • Rent paid | • Fees; |
| • Utilities | • Medical bills; and |
| • Repairs | • Interest paid on loans |
| • Taxes (other than self-employment tax); | (other than interest on qualified education loans). |

Line 20 – Total Household Income

Subtract line 19 from line 18. Enter the result on line 20. If the amount on line 20 is **more** than \$33,993, stop. You do **not** qualify for renter assistance.

STEP G Renter Assistance Claimed

Line 21 – Renter Assistance Claimed

The amount of renter assistance you will receive will be figured for you. You do not have to complete this line. If you wish to figure the amount of assistance, see “Worksheet to Figure the Amount of Renter Assistance” on page 17.

Note: The law provides that no payment is allowed if the amount of allowable assistance is \$5 or less.

STEP H

Signature, Date, and Telephone Number

Authorization

If you receive SSI, the Franchise Tax Board can verify with the Department of Health Services that you meet the age, disability, or blindness requirement. This helps us process your claim faster. In addition, other eligibility criteria may be verified with the Department of Health Services and other state or federal agencies.

Declaration

Your signature on form FTB 9000R, Step H, is also your declaration of your claimed alien or citizenship status.

Sign and Date Your Claim Form

You must sign and date your claim form in the space provided. You may sign by making a mark in front of a witness. The word "witness" and the witness's signature **must** be entered after your mark. If you are filing on behalf of a deceased spouse, print "Surviving Spouse" after your signature. See instructions for Death of Claimant on page 5.

Enter Your Telephone Number

Your telephone number is important. If the need arises, we can provide you with faster and more complete service if we can contact you by telephone rather than in writing.

Review and Mail Your Claim Form

Review Your Claim Form

Review your claim form to make sure it is complete and correct. Be sure to attach any copies of documents that were requested in the instructions (see list below). If the required documents are not attached to your claim form, your check will be delayed until the Franchise Tax Board receives and processes the missing documents.

Attach copies of the following required documents that apply to your claim:

- Proof of age (required for the first year you file as 62 or older (see page 6 for additional information));
- Proof of blindness or permanent disability (required for the first year you file as blind or permanently disabled);
- Proof of temporary disability (required each year you file as disabled) unless you provide information that shows a permanent disability; and
- If the claim is signed by someone acting as an Attorney in Fact, a copy of the Power of Attorney must be submitted with the claim.

Mail Your Claim Form

Mail your claim form and attached documents to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

In most cases, renter assistance checks will be mailed before October 31, 2000.

Privacy Act Notice

The Information Practices Act of 1977 and the Federal Privacy Act require that the following information be provided to individuals who are asked to supply information:

The official who is responsible for maintaining the information is the Director, Processing Services Bureau. Address your correspondence to:

DIRECTOR, PROCESSING SERVICES BUREAU
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-1040

Telephone number:

- Within the United States(800) 338-0505
- Outside the United States(916) 845-6600

The Revenue and Taxation Code requires every person claiming benefits under the Homeowner and Renter Assistance Program to make a claim according to the forms and regulations prescribed by the Franchise Tax Board (Sections 20501 through 20646 and the Regulations pertaining thereto). Individuals making claims or providing statements or documents are required to include their social security numbers to ensure proper identification and to permit processing of the claims. (See also Section 205(c)(2) of the Federal Social Security Act as amended by Section 1211 of the Federal Tax Reform Act of 1976.)

The principal purposes for requesting information are to permit the department to properly respond to homeowner and renter assistance claims and other communications and to determine the validity of claims. Filing a claim for assistance is voluntary. However, if a claim is filed, the applicant must complete the form and provide all requested information for the claim to be considered. Assistance shall not be allowed based on incomplete or inaccurate claims.

As authorized by law, information furnished on the form may be transferred to the federal Immigration and Naturalization Service and to the following governmental agencies and officials of the State: Board of Control, Board of Equalization, Department of Finance, Office of the State Controller, Auditor General, and Legislative Analyst. An individual has a right of access to records containing his/her personal information that are maintained by the Franchise Tax Board.

Renter Assistance Claim (for income received in 1999)

2000

9000R

STEP A

Name,
address,
and
social
security
number

Use the peel-off label. Otherwise, please print or type.

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER				
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER				
PRESENT HOME ADDRESS - NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE						PMB NO.	APT. NO.
CITY, TOWN, OR POST OFFICE, STATE AND ZIP CODE							

STEP B

Filing
Status

1. Are you a United States citizen? Check "Yes" or "No" . . • 1. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
2. Benefit Eligibility for Noncitizens • 2a.
If you are not a citizen of the United States, go to page 19.
If you have a qualifying alien status for the United States,
enter your alien status code from the chart on page 19 on
line 2a. Then complete line 2b and line 2c.
(example: 0 7 / 2 1 / 1 9 7 0) • 2b. • 2c.

Alien Status Code
Alien Registration Number
Date of Entry
Date of Birth
3. Enter your date of birth . . (example: 0 5 / 1 2 / 1 9 2 2) • 3.
4. Check the appropriate box if you were **one** of the following on December 31, 1999:

A. 62 years or older	• A	<input type="checkbox"/>	<input type="radio"/>
B. Under 62 and blind	• B	<input type="checkbox"/>	<input type="radio"/>
C. Under 62 and disabled (not blind)	• C	<input type="checkbox"/>	<input type="radio"/>

See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.

STEP C

Rental
Information

Complete
line 5
through
line 7.

5. Enter the total number of months during 1999 that you lived in a qualified rented residence in California.
See instructions • 5. _____ months
6. List the street address(es) of residence(s) you rented in California during 1999 that qualified you for renter assistance and list the dates you rented each residence:

Street Address	City, State, and ZIP Code	Dates rented in 1999
A. _____	_____	_____
B. _____	_____	_____
7. Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 1999.

NAME _____
ADDRESS _____ APT. OR UNIT NO. _____
CITY _____ STATE and ZIP CODE _____
TELEPHONE () _____ RENTED FROM ____ / ____ / ____ TO ____ / ____ / ____

STEP D1999 income
of you and
your spouse

On line 8 through line 15 enter your total household income for the 1999 calendar year. If you are married, include your spouse's income. On line 17, enter the total income of other household members.

8. Social Security and/or Railroad Retirement 8.
9. Interest and/or Dividends 9.
10. Pensions and/or Annuities 10.
11. SSI/SSP, AB, and ATD (Gold Check). See page 8 11.
(full year total)
12. Rental Income (or Loss). See page 8 12.
Do not enter your monthly rent payments.
13. Business Income (or Loss). See page 9 (full year total) 13.
14. Gain (or Loss). See page 9 14.
15. Other Income (including wages). See page 9 15.
16. SUBTOTAL. Add line 8 through line 15 16.

(Dollars)

(Cents)

STEP E1999 Income of
other household
members**17. Income of Other Household Members in 1999.**

See page 10. Do not include your income or the income of your spouse, minors, students, renters, or the owner of the rented residence 17.

STEP F1999 Total
household
income

18. SUBTOTAL. Add line 16 and line 17 18.
19. Adjustments to Income. See page 10. 19.
20. TOTAL HOUSEHOLD INCOME IN 1999.
Subtract line 19 from line 18 ● 20.
If line 20 is more than \$33,993, stop. **You do not qualify.**

STEP GRenter
assistance
claimed

You do not have to complete line 21. If you stop here, we will figure the amount of assistance for you.

21. Renter assistance claimed. (Cannot exceed \$240.00)

See page 10 ■ 21.

STEP HSignature,
date, and
telephone
number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number (optional) () _____

Paid
Preparer's
Use OnlyPREPARER'S
SIGNATURE ➡

Date

Check if
self-employed ☐

Preparer's social security number/PTIN

FIRM'S NAME (OR YOURS, IF
SELF-EMPLOYED) AND ADDRESS ➡

FEIN

TELEPHONE () _____

Do not write in this space

Do not write in this space

L**D****I****A****R****RES**

Renter Assistance Claim (for income received in 1999)

2000

9000R

STEP A

Name,
address,
and
social
security
number

Use the peel-off label. Otherwise, please print or type.

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER				
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER				
PRESENT HOME ADDRESS - NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE						PMB NO.	APT. NO.
CITY, TOWN, OR POST OFFICE, STATE AND ZIP CODE							

STEP B

Filing
Status

- 1. Are you a United States citizen? Check "Yes" or "No" . . . • 1.** ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
- 2. Benefit Eligibility for Noncitizens . . . • 2a.**
If you are not a citizen of the United States, go to page 19.
If you have a qualifying alien status for the United States,
enter your alien status code from the chart on page 19 on
line 2a. Then complete line 2b and line 2c.
(example: 0 7/2 1/1 9 7 0)
- 2b.** Alien Status Code
- 2c.** Alien Registration Number
- 3. Enter your date of birth . . . (example: 0 5/12/1 9 2 2) . . . • 3.** Date of Entry
- 4. Check the appropriate box if you were **one** of the following on December 31, 1999:**
- A. 62 years or older • A ☐ ☐
- B. Under 62 and blind • B ☐ ☐
- C. Under 62 and disabled (not blind) • C ☐ ☐
- See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.*

STEP C

Rental
Information

Complete
line 5
through
line 7.

- 5. Enter the total number of months during 1999 that you lived in a qualified rented residence in California. See instructions . . . • 5.** _____ months
- 6. List the street address(es) of residence(s) you rented in California during 1999 that qualified you for renter assistance and list the dates you rented each residence:**
- | Street Address | City, State, and ZIP Code | Dates rented in 1999 |
|----------------|---------------------------|----------------------|
| A. _____ | _____ | _____ |
| B. _____ | _____ | _____ |
- 7. Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 1999.**
- | | |
|---------------------|--|
| NAME _____ | APT. OR UNIT NO. _____ |
| ADDRESS _____ | |
| CITY _____ | STATE and ZIP CODE _____ |
| TELEPHONE () _____ | RENTED FROM _____ / _____ / _____ TO _____ / _____ / _____ |

STEP D1999 income
of you and
your spouse

On line 8 through line 15 enter your total household income for the 1999 calendar year. If you are married, include your spouse's income. On line 17, enter the total income of other household members.

8. Social Security and/or Railroad Retirement 8.
9. Interest and/or Dividends 9.
10. Pensions and/or Annuities 10.
11. SSI/SSP, AB, and ATD (Gold Check). See page 8 11.
(full year total)
12. Rental Income (or Loss). See page 8 12.
Do not enter your monthly rent payments.
13. Business Income (or Loss). See page 9 (full year total) 13.
14. Gain (or Loss). See page 9 14.
15. Other Income (including wages). See page 9 15.
16. SUBTOTAL. Add line 8 through line 15 16.

(Dollars)

(Cents)

STEP E1999 Income of
other household
members**17. Income of Other Household Members in 1999.**

See page 10. Do not include your income or the income of your spouse, minors, students, renters, or the owner of the rented residence 17.

STEP F1999 Total
household
income

18. SUBTOTAL. Add line 16 and line 17 18.
19. Adjustments to Income. See page 10. 19.
20. TOTAL HOUSEHOLD INCOME IN 1999.
Subtract line 19 from line 18 ● 20.
If line 20 is more than \$33,993, stop. **You do not qualify.**

STEP GRenter
assistance
claimed

You do not have to complete line 21. If you stop here, we will figure the amount of assistance for you.

21. Renter assistance claimed. (Cannot exceed \$240.00)

See page 10 ■ 21.

STEP HSignature,
date, and
telephone
number

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I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number (optional) () _____

Paid
Preparer's
Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
			TELEPHONE ()

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

Worksheet to Figure the Amount of Renter Assistance

If you want, we will figure the amount of renter assistance for you. You may, however, figure this amount as follows:

If you were a qualified renter for **all of 1999**, your allowable assistance will be based on the total household income (form FTB 9000R, line 20) as shown in the Renter Assistance Schedule below.

If you were a qualified renter for **less than 12 months** during 1999, complete line 1 through line 4 to figure your assistance.

1. Enter the amount of assistance from the Renter Assistance Schedule below for your total household income shown on form FTB 9000R, line 20 1. \$ _____
2. Enter the total number of months during 1999 that you lived in a qualified rented residence in California shown on form FTB 9000R, line 5 2. x _____
3. Multiply the amount on line 1 by the number on line 2 3. \$ _____
4. Divide the answer on line 3 by 12 (months). This is your allowable assistance. Enter this amount on form FTB 9000R, line 21 4. \$ _____

Example: Total household income is \$23,343 and the residence was rented for 9 months.

1. Amount of assistance from the Renter Assistance Schedule below 1. \$ 45.00
2. Number of months shown on form FTB 9000R, line 5 2. x 9
3. Multiply line 1 by line 2 3. \$ 405.00
4. Divide line 3 by 12 (months). This is your allowable assistance 4. \$ 33.75

Renter Assistance Schedule

If your total household income is		Your renter assistance is	If your total household income is		Your renter assistance is
From	To		From	To	
\$0	\$8,498	\$240.00	18,698	19,263	\$102.50
8,499	9,065	235.00	19,264	19,830	92.50
9,066	9,631	230.00	19,831	20,396	85.00
9,632	10,198	225.00	20,397	20,962	77.50
10,199	10,765	220.00	20,963	21,530	70.00
10,766	11,331	215.00	21,531	22,096	62.50
11,332	11,897	210.00	22,097	22,662	55.00
11,898	12,464	205.00	22,663	23,229	50.00
12,465	13,031	200.00	23,230	23,795	45.00
13,032	13,598	195.00	23,796	24,362	40.00
13,599	14,164	190.00	24,363	24,929	35.00
14,165	14,730	182.50	24,930	25,495	30.00
14,731	15,297	172.50	25,496	26,912	25.00
15,298	15,864	162.50	26,913	28,328	20.00
15,865	16,430	152.50	28,329	29,745	17.50
16,431	16,997	142.50	29,746	31,161	15.00
16,998	17,563	132.50	31,162	32,578	12.50
17,564	18,129	122.50	32,579	33,993	10.00
18,130	18,697	112.50	33,994	And Over	0.00

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Chart for Finding the Benefit Eligibility Code for Noncitizens

Are you a United States citizen?

Yes STOP. You **must** check the “Yes” box on line 1 of form FTB 9000R. You do not need to read this page.

No You **must** enter an eligibility code from the chart below on line 2a of form FTB 9000R:

Follow the instructions below for determining your eligibility code.

General Information

If you are not a United States citizen, you may file a claim for homeowner or renter assistance only if you meet the income and age, blindness, or disability requirements for assistance and, when you file your claim, you are one of the following:

- A qualified alien;
- A nonimmigrant alien under the Immigration and Nationality Act (INA); or
- An alien paroled into the United States under Section 212(d)(5) of the INA for less than one year.

These categories of aliens are described further by the Eligibility Code Chart for Noncitizens below. Undocumented aliens and aliens not described below are not eligible to receive homeowner or renter assistance and should not complete a claim form.

Instructions

If you are **not** a United States citizen, find the category listed below that accurately describes your presence or admission to the United States. Transfer the alien status code letter for that category to form FTB 9000R, line 2a.

Note: If you have questions regarding your immigration status, contact your local Immigration and Naturalization Service (INS) office.

Eligibility Code Chart for Noncitizens

If you are:	Use Alien Status Code:
<ul style="list-style-type: none">• An alien lawfully admitted for permanent residence under the INA;• An alien who (or whose child or child's parent) has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house; OR• The child of an alien who has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house.	B
An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.	C
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of the INA (as amended by Section 305 (a) of division C of Public Law 104-208).	D
An alien who is granted asylum under Section 208 of the INA.	E
A refugee admitted to the United States under Section 207 of the INA.	F
An alien paroled into the United States for one year or more under Section 212(d)(5) of the INA.	G
An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980).	H
An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.	I
A nonimmigrant alien, as defined in Section 101(a)(15) of the INA, admitted under the INA (8 U.S.C. Section 1101...).	J

You do not qualify for homeowner or renter assistance if:

- Your alien status is not described above.
- You are an undocumented alien. Undocumented aliens do not qualify for most public benefits, including homeowner and renter assistance.



Toll-Free Phone Service

Our Toll-Free Phone Service is available 24 hours a day, 7 days a week for you to hear pre-recorded answers to many of your questions about Homeowner and Renter Assistance in English and Spanish. Have a paper and pencil ready to take notes.

Call:

From within the United States (800) 338-0505

From outside the United States (916) 845-6600
(not toll-free)

Select Homeowner and Renter Assistance, then General Information and enter the three-digit code when instructed.

Answers to some of the General Information questions below may be found in your claim booklet on the page number referenced under the Booklet Page.

Code	General Information	Booklet Pages
800	What is homeowner assistance and what is the maximum amount a claimant can receive?	
801	What is renter assistance and what is the maximum amount a claimant can receive?	3
802	Do I need to report my assistance payment as income on my California tax return?	
803	Who is eligible for homeowner assistance?	
804	Who is eligible for renter assistance?	3
805	Can I file a claim for both homeowner and for renter assistance?	5
806	Will the homeowner assistance create a lien on my house?	
807	When will I get my assistance check?	4
808	Can I file an assistance claim for past years?	4
810	How can I prove my age?	6
811	How can I prove my blindness or disability?	7
812	How do I compute my gross household income?	4
813	I have moved since I filed my claim form. How do I change my address?	
814	How do I correct my claim form?	
815	Who do I contact for my energy rebate?	
816	I need assistance on my property tax bill. Who do I contact?	
818	When should I file my current year claim?	
819	Who do I contact about low-income housing?	
821	I live in a mobile home. Which claim form should I file?	
822	May I deduct my prior year Net Operating Loss (NOL)?	

Where to Get Claim Forms

By Internet – If you have Internet access, you may download, view, and print claim forms and publications from our website at: www.ftb.ca.gov

By Phone – You can order current year claim forms and publications by calling (800) 338-0505 and selecting

Homeowner and Renter Assistance Forms Request. Refer to the list below to find the code number for the form or publication you want to order:

Code	Homeowner and Renter Assistance Forms and Publications
700	Form FTB 9000, Homeowner Assistance Claim Booklet
701	Form FTB 9000R, Renter Assistance Claim Booklet
702	FTB 9000 AUD, Homeowner Assistance Claim Booklet on Audio Cassette
703	FTB 9000R AUD, Renter Assistance Claim Booklet on Audio Cassette
704	SCO 9003, 2000 Property Tax Postponement for Senior Citizens, Blind or Disabled Citizens
705	FTB Pub. 9050, Homeowner Assistance Renter Assistance & Property Tax Postponement
706	FTB Pub. 9051, Asistencia de Propietarios de Casa, Asistencia de Inquilinos y Diferimiento de Impuestos de Propiedad
707	Form FTB 9106, Household Income Schedule
708	Form FTB 9225 C-1, Declaration of Citizenship, Alienage, and Immigration Status
709	Form FTB 9109, Cooperative Membership

Where to Mail Your Claim Form

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

Additional Services

Assistance for persons with disabilities

The FTB complies with provisions of the Americans with Disabilities Act. Persons with a hearing or speech impairment call:

From voice phone (800) 735-2922
(California Relay Service)

From TTY/TDD (800) 822-6268
(Direct line to FTB customer service)

For all other assistance or (800) 852-5711
other accommodations

Asistencia Bilingüe en Español

Para obtener servicios en Español y asistencia gratuita para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

Usted puede calificar para asistencia de una parte de los impuestos sobre la propiedad que usted rento si en Diciembre 31 de 1999, usted tenía 62 años (o más) o estaba ciego o incapacitado, y fué inquilino de la casa donde vivía, y su ingreso por año no fué más de \$33,993 y usted es ciudadano de los Estados Unidos o un extranjero designado (incluyendo extranjeros calificados) como se describe en la página 19 de este folleto.

Formularios para solicitar ésta asistencia deben ser entregados del 15 de Mayo al 31 de Agosto.